

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>	Docket Number 6000-005-52
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Application Number 09/849,495	Filed May 1, 2004
For METHOD AND SYSTEM FOR PROVIDING CONTENT WITH AN OPTION	
Art Unit 3622	Examiner Khanh H. LE

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	<u>Fee</u>	<u>Small Entity Fee</u>	
<input type="checkbox"/> One Month (37 CFR 1.1 7(a)(1))	\$120	\$60	
<input type="checkbox"/> Two Month (37 CFR 1.1 7(a)(2))	\$450	\$225	
<input checked="" type="checkbox"/> Three Month (37 CFR 1.1 7(a)(3))	\$1,020	\$510	\$510.00
<input type="checkbox"/> Four Month (37 CFR 1.1 7(a)(4))	\$1,590	\$795	
<input type="checkbox"/> Five Month (37 CFR 1.1 7(a)(5))	\$2,160	\$1,080	

- ☐ Applicant claims small entity status. See 37 CFR 1.27.
- ☒ A check in the amount of the fee is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☐ The Director has already been authorized to charge fees in this application to a Deposit Account.
- ☐ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-3266. I have enclosed a duplicate copy of this sheet.

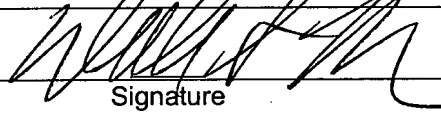
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the ☐ applicant/inventor.
☐ assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

☒ attorney or agent of record. Registration Number 28,872/44,977
☐ attorney or agent under 37 CFR 1.34.

Registration number if acting under 37 CFR 1.34 _____.

	<u>June 5, 2006</u>
Signature	Date
<u>Dale S. Lazar/Lisa K. Norton</u>	<u>703-773-4149</u>
Typed or printed name	Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the more interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, mating, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, US Patent and Trademark Office, U.S. Department OF Commerce, P.O. Box 1450, Alexandria, V.A 22313-4150. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patent, P.O. Box 1450, Alexandria, DA 22233-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2

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Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number

Complete if Known

<p>Fee pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</p> <h1 style="text-align: center;">FEE TRANSMITTAL</h1> <h2 style="text-align: center;">For FY 2006</h2>		Application Number	09/849,495
		Filing Date	May 4, 2001
		First Named Inventor	Denis KHOO et al.
		Examiner Name	Khanh H. LE
		Art Unit	3622
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	6000-005-52
Total Amount of Payment	\$535.00		

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money order ☐ None ☐ Other (please identify): _____
☒ Deposit Account Deposit Account Number: 50-3266 Deposit Account Name: _____
 For the above-identified deposit account, the director is hereby authorized to: (check all that apply)
☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments
 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

FILING FEES			SEARCH FEES		EXAMINATION FEES		Fee Paid (\$)
Application Type	Fee(\$)	Fee Code	Fee(\$)	Fee Code	Fee(\$)	Fee Code	
Utility	300	1011	500	1111	200	1311	
Design	200	1012	100	1112	130	1312	
Plant	200	1013	300	1113	160	1313	
Reissue	300	1014	500	1114	600	1314	
Provisional	200	1005	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Fee Code
Each claim over 20 (including Reissues)	25	2202
Each independent claim over 3 (including Reissues)	200	1201
Multiple Dependent claims	360	1203
Total Claims	Extra Claims	Fee (\$)
33	- 20 or HP (32) = 1	x \$25.00
HP = highest number of total claims paid for, if greater than 20.		
		25
Indep. Claims	Extra Claims	Fee (\$)
3	- 3 or HP (5) =	x
HP = highest number of independent claims paid for, if greater than 3.		

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee(\$)	Fee Paid (\$)
_____	- 100 = _____	/50 _____ (round up to a whole number)	x _____	= _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)	_____
Other (e.g., late filing surcharge): <u>Three months extension of time (Fee Code 2255)</u>	<u>510</u>

SUBMITTED BY

Signature			Telephone 703-773-4141
Name (Print/Type)	Dale S. Lazar/Lisa K. Norton	Reg. No (Attorney/Agent) 28,872/44,977	Date June 5, 2006

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